## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Date: 9 May 03

Signature:

Sole or First Joint Inventor: Chih-Pin Hung

Citizenship: Taiwan, R.O.C.

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## COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

FAX: 886-2-2369 7233

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## STRUCTURE OF FLIP CHIP PACKAGE WITH AREA BUMP

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	was filed on					
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app app fore	cification, including to a cknowledge the lication in accordance I hereby claim fore lication(s) for patentication(s)	the claims, as amended to duty to disclose information with Title 37, Code of the control of the	nd understand the content d by any amendment referred rmation which is material to of Federal Regulations, § 1. der Title 35, United States Co ate listed below and have difficate having a filing date be	d to above. the patent 56(a). ode, § 119 also identifi	ability of this of any foreign ed below any	
	Number	Country	Date Filed(yyyy/mm/dd)	Yes	No	
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	SEND CORRESPONDENCE TO:			DIRECT TELEPHONE CALLS TO: (Name and telephone number)		
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